

South Sudan's Civil War: Nearly 400,000 Estimated Dead

Updated September 28, 2018

South Sudan, which became the world's newest country when it split from Sudan in 2011, has been mired in civil war since December 2013. The war has had a devastating impact, displacing some 4.5 million people and fueling near-famine conditions. With [over 7.1 million people severely food insecure](#) in 2018, it is among the world's worst humanitarian crises, and the U.N. humanitarian appeal for \$1.4 billion in assistance is among the largest. South Sudan is one of the most dangerous environments for aid workers, with [over 100 killed](#) since the war began. The death toll from the conflict, however, has been [based on guesswork](#), until the release of a [new U.S.-funded study by the London School of Hygiene and Tropical Medicine \(LSHTM\)](#), commissioned by the U.S. Institute of Peace.

Far from the often-used estimate, [cited since 2014](#), of “[at least 50,000](#)” deaths, LSHTM experts assess that roughly 383,000 South Sudanese, including combatants, had died as a result of the war as of April 2018, based on a statistical analysis of mortality and other data. These are “excess deaths,” above and beyond what would have likely occurred absent war. The study found that approximately half of these deaths were due to violence; the rest are attributed to indirect factors (e.g., disruptions in health services, increased food insecurity). The report compares the rate of violent deaths to other conflicts and suggests that South Sudan's has been “even more violent than has been reported.” By comparison, [studies](#) suggested that less than 10% of the estimated deaths linked to conflict in the Democratic Republic of Congo between 1998-2004 were directly caused by violence.

The LSHTM experts indicate that their estimate of the death toll is conservative, and that factors such as lack of access to some insecure areas and a possible under-reporting of child deaths may have resulted in under-estimating. To put South Sudan's crisis-attributable mortality in context with other conflicts, studies have estimated [almost 300,000 deaths in Darfur](#) (2003-2008, during which time an estimated 20% of the deaths were violent), a region of Sudan with a slightly smaller population than South Sudan's. The [death toll in Syria's civil war is debated](#), but some have placed it at over 500,000 since 2011 (Syria's population is almost twice that of South Sudan).

Unlike in Syria, where U.N. agencies tried to track mortality in the early years of the war, neither the U.N., humanitarian groups, nor the government have systematically sought to count the dead in South Sudan. After the initial outbreak of violence, when civilians were killed in “[systematic](#)” attacks based on

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their ethnicity, the war spread from the capital, Juba, to the northeast. By some estimates, [5,000 people or more may have been killed](#) in Juba in the first week alone. The dead were buried in [mass graves](#).

South Sudanese officials [dispute the LSHTM death toll](#), asserting a much smaller estimate of 20,000. They [deny allegations of atrocities](#) by state security forces, which U.N. human rights monitors have implicated in war crimes and incidents of ethnic persecution that may constitute [crimes against humanity](#). The U.N. Panel of Experts, among others, has reported that government forces are [predominately responsible](#) for the killing of civilians, although multiple factions have conducted such attacks.

Death toll estimates, while often difficult to determine, are important for journalists, analysts, advocates, and policymakers. They can provide further insight into conflict dynamics and have an impact on public attention, donor priorities, and policies. They may also factor into decisions by international actors on how much to invest in resolving a crisis, and increase international pressure for accountability.

Alongside the death toll, the LSHTM study provides a new estimate of South Sudan's population. (The last census was done in 2008.) In contrast with [higher estimates](#), it puts the population in the country at 9.7 million. This may affect the perceived scale of the crisis. Applying recent [U.N. data](#) to this figure, one in five South Sudanese have fled the country as refugees during the war. Of those who remain, one in five are internally displaced. Over 73% of the population is severely food insecure.

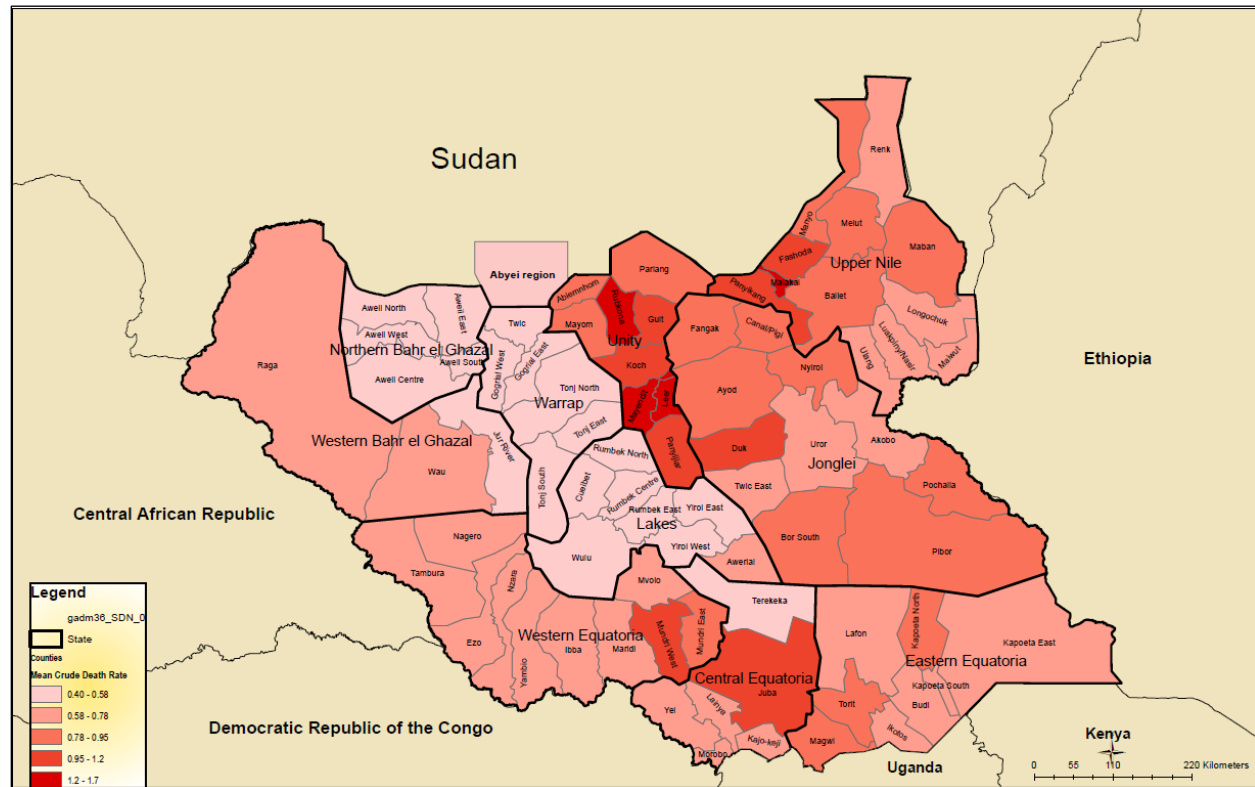
Issues for Congress

The United States is [the largest humanitarian donor in South Sudan](#), providing almost \$3.5 billion in humanitarian funding since the war began, and over \$480 million in FY2018 alone. The United States is also the largest financial contributor to the U.N. peacekeeping mission there and, as the penholder on the situation in the U.N. Security Council, proposed an arms embargo on the country that was adopted in July. Many Members of Congress have long taken an interest in addressing conflict and humanitarian suffering in South Sudan, including when it was still part of Sudan.

Analysis in the LSHTM study may be of use to Members as they consider the prospects for South Sudan's latest peace deal, signed on September 12. The LSHTM experts assert, based on their findings, that violence should be more prominently acknowledged as [“the main driving factor for this crisis.”](#) Their study illustrates how different communities have been affected by the war—the highest death rates ([Figure 1](#)) are in areas inhabited by ethnic groups associated with the opposition (e.g., Nuer, Shilluk, and Equatorian groups), while the lowest rates are in areas that are predominately Dinka, President Salva Kiir's ethnicity. This appears to support allegations of military campaigns in which civilians are [targeted based on tribal affiliation](#) and livelihoods are deliberately destroyed. Some in the fragmented opposition have rejected the latest deal, saying it fails to address core governance issues, amid reports of [new atrocities](#). Some observers, including [the U.S. government](#), are skeptical that the deal is sustainable, noting [deficiencies in the security arrangements](#), a [“trust deficit”](#) among the parties, and an over-emphasis on [elite power-sharing](#). Critics of the approach taken by the [regional mediation](#), now led by Sudan, suggest that it defers, rather than reduces, the prospects for future conflict, and some urge the international community to explore [exit scenarios](#) for the [“gun class.”](#) Some propose [prohibiting](#) warring party leaders, including Kiir, from participating in a transitional government.

A [recent assessment of U.S. policy](#) toward South Sudan explored whether the United States was right to support a 2015 peace deal viewed even then as “deeply flawed,” a question that is now being asked of the latest deal. The war spread after the 2015 deal collapsed, and the LSHTM study shows that deaths, and displacement, peaked in the years following. The study's findings may be instructive for policymakers seeking a way forward, even as options that could garner consensus among South Sudanese parties and their respective regional backers remain limited.

Figure 1. Mean Estimated Crude Death Rate by County
December 2013 – April 2018



Source: Francesco Checchi et al., *Estimates of crisis-attributable mortality in South Sudan, December 2013-April 2018*, London School of Hygiene & Tropical Medicine, September 2018.

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